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DSHS Strategic Plan: Stakeholder Input as of May 10, 2006

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Aaryce Hayes Advocacy, Inc., Mental Health Assc. TX National Alliance for the Mentally Ill. and Merily Keller, Chairperson of the Suicide Prevention Network.	These comments focus on behavioral health services although the same issues exist for substance abuse and other services areas. The lack of clarity on how the strategic plan (Plan) impacts the Legislative Appropriations Request (LAR) was an impediment to providing comment. Historically the strategic plan has driven the LAR to the extent that issues not reflected in the Plan were not reflected in the LAR. It is not clear if that system has been modified, and if so, how the Plan relates to the LAR. The draft does not contain elements vital to a strategic plan, e.g. specific long term goals for each service described, objectives and outcome measures, strategies and output measures and action plans. This made the development of specific comments difficult to achieve as the draft focuses heavily on service descriptions rather than specific goals and outcomes. <u>External and Internal Impediments specific to providing services through DSHS.</u> This section on the disparities in mental illness (or mental health services) provides some prevalence data, e.g. Texas figures related to the estimated service need for the priority population and the "targeted priority population". We appreciate the separation of data by adults and children/adolescents. It includes information on gender, ethnicity, age and specific information is provided on suicide rates. The information also articulates issues regarding rural and underserved populations. A more complete picture of the need would include data on the numbers of Texans estimated to have a mental illness diagnosis, the number of individuals seeking public mental health services, and the actual number served on going mental health services (as opposed to crisis or assessment). (Some of this data is provided later in the document). Additional impediments might include the size of Texas, limited provider base, extremely limited number of service recipients with third party payors (creating an extreme dependency on general revenue), and stigma. The impact of poverty on the population also creates external impediments, particularly the lack of housing, transportation and employment on the service delivery system. It is important to note that despite the most intensive provision of evidence based services, it is unlikely that an individual will recover if other basic needs are unmet. Internal impediments should reflect that DSHS is still struggling with the merger of three agencies. The role of the State Authority is hampered by the lack of dollars to provide the technical assistance necessary to both monitor and modify the existing system. <u>System Development: Capacity and Integration of Services:</u>

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	The data regarding the priority population and targeted priority population is repeated. There is additional information in that the actual numbers served is provided (173,983). However this data does not separate adults from adolescents or children and it is not clear what the service entailed, i.e. assessment, or assessment and crisis services which is very different than the provision of ongoing services. The capacity information would be more meaningful if it included information regarding the current length of stay in state hospitals and the turn over rate for acute and crisis services. System development should speak to the current capacity of the provider base, inpatient and outpatient, public and private, as well as other entities providing mental health services, e.g. Federally Qualified Health Centers. It should speak to the need and steps necessary to expand the provider base. If this is an identified issue, does DSHS have a goal and approach to address the need? The section on Opportunity articulates the value and need for an integrated service delivery system but again does not speak to how this will occur. (Page 33 describes the Texas Adolescent Mental Health in Primary Care Initiative which sounds like a truly integrated system). Casework and anecdotal information indicates that mental health and substance abuse services have not truly been integrated in terms of service provision. The DSHS website is an indication that behavioral health has not been so much integrated but subsumed. The plan should articulate the steps to integrate the system. Page 25 references the Texas Title V Program which "includes a focus on mental health and substance abuse". Mental Health stakeholders are largely unfamiliar with this program, an indication that it has not yet been integrated into the broader public mental health system or that the focus on mental health and substance abuse is so limited that it escapes the notice of the mental health community. Community mental health services (page 28) lists the service mandates in the Texas Health and Safety Code, evidence based service models and general information regarding Resiliency and Disease Management (RDM). While the target population is described, again it would be more meaningful to provide current data on the numbers of individuals served currently differentiating between crisis, assessment and ongoing services. There should be some information provided on the numbers of individuals who are not receiving services (waiting lists). The report should explain (in terms of services) the difference between non-priority population, priority population, and targeted priority population and how that translates into stress on the crisis system or juvenile/criminal justice systems.

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	Page 36 describes the results of RDM. The interpretation of some data indicates patterns of improvement in the level of functioning when an individual receives evidence-based services. However implementation and funding issues have compromised the fidelity of RDM and ultimately there is not yet evidence that the goal of recovery is being met. The real accomplishment at this point is the development of a data collection system which can provide information on the type and intensity of services provided to an individual by a community center. This improves the Dept's ability to provide technical assistance and more importantly, accountability which will enable DSHS to observe and shape the service delivery system in a manner not previously available. Information is provided regarding suicide rates and the impact of suicide. However, as important as this issue is, there does not seem to be a comprehensive data collection system on attempted or completed suicides. A reduced suicide rate for both attempts and completions might be an important indicator related to the success of the public health system and we strongly advise the Plan articulate the need for and development of a data collection system which can break down data by population (children, adolescents, adults and geriatrics), geographic location, gender, ethnicity and cause of death. As stated, the Plan seems to be missing vital elements, e.g. specific long term goals for each service described, objectives and outcome measures, strategies and output measures and action plans. The draft does not contain sufficient detail or specificity either on the issues, goal, steps, outcome or indicators to inform the public or the Legislature of the steps, finances, measures or outcomes needed to develop the integrated health system that is desired by staff and stakeholders.
Marcia Rachofsky Representing Texas Mental Health Consumers	In your strategic planning, I heard you talking about prevention and how important that is in making plans for how to resolve mental health behavioral issues. **I just want to remind you that families and consumers need to be involved, particularly families.** We have a lot of program where we do a lot of educating families universally. So if they (families) start seeing behavior that they don't understand, they'll have some clue as to where to go and what to do with it. We feel that that's a good measure of prevention. We also want to remind you that there's a lot of successful evidence-based, consumer-operated services and programming. Some of which we're doing in Texas and a lot more of which could be done. It's cost effective and it works and it's a way of juggling money so that there's more available for those things where you need to spend state dollars. Consumer operated services are being expanded in parts of Texas such as the Dallas areas and in a few of the other smaller regions across the state. In closing "don't forget the families and consumers and the children's prevention programs which we can help."

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Bryan Sperry Children's Hospital Association of Texas (CHAT)	CHAT (Children's Hospital Association of Texas) appreciates using the concept of health system disparities to address issues related to the health of the people of Texas and opportunities to improve health levels. The draft identifies a number of key areas, including immunizations, infant mortality, obesity, and diabetes that are of great concern to children's hospitals. We appreciate the recognition of these issues in the draft document. CHAT suggests two additional areas that deserve the same level of strategic attention by the Department: unintentional injuries and child abuse and neglect Unintentional Injuries According to the CDC, motor vehicle injuries are the leading cause of death among children in the U.S. (CDC 2005). One out of four of all occupant deaths among children ages 0 to 14 years involve a drinking driver. More than two-thirds of these fatally injured children were riding with a drinking driver (Shults 2004). Restraint use among young children often depends upon the driver's restraint use. Almost 40% of children riding with unbelted drivers were themselves unrestrained (Cody 2002). Because of the substantial responsibilities of DSHS for development of trauma systems in Texas, the importance of focusing on injury prevention to reduce health system costs and the disparate effects of injuries on child health, CHAT supports a strategic focus on injury prevention by DSHS. This would include strengthening surveillance systems and partnerships with organizations on prevention activities and improvements to emergency services for children. Child Abuse and Neglect According to the CDC, data on the confirmed number of U.S. child maltreatment cases in 2002 are available from child protective service agencies; but these data are generally considered underestimates (DHHS 2005): 906,000 children in the United States were confirmed by child protective service agencies as being maltreated. Among children confirmed by child protective service agencies as being maltreated, 61% experienced neglect; 19% were physically abused; 10% were sexually abused; and 5% were emotionally or psychologically abused.

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	An estimated 1,500 children were confirmed to have died from maltreatment; 36% of these deaths were from neglect, 28% from physical abuse, and 29% from multiple maltreatment types. Children who experience maltreatment are at increased risk for adverse health effects and behaviors as adults—including smoking, alcoholism, drug abuse, eating disorders, severe obesity, depression, suicide, sexual promiscuity, and certain chronic diseases (Felitti et al. 1998; Runyan et al. 2002). Children younger than 4 years are at greatest risk of severe injury or death. In 2003, children younger than 4 years accounted for 79% of child maltreatment fatalities, with infants under 1 year accounting for 44% of deaths (DHHS 2005). Because of the risks to the youngest children and the long-term physical and mental health consequences of abuse and neglect, CHAT supports a strategic focus on child abuse by DSHS. We believe DSHS can play a substantial role in the HHSC enterprise's efforts to reform and improve how Texas deals with child abuse and neglect. It is unacceptable to maintain organizational silos and assume that this issue is solely the responsibility of another state agency. Surveillance, building a stronger child fatality review system and recognition of child abuse as a public health problem (with significant links to other issues of concern such as substance abuse and mental health) should be part of DSHS's strategic plan.
Toni Logan	Regarding linkage of services from the alcohol-related offender perspective is that alcohol is a common component of most all areas of focus. MADD would like to see support for establishment of a DWI court (based somewhat on the drug court model) established to make possible assessment of individuals to determine services and follow up with stringent oversight of consequences and accountability to change the behavior. We feel this is a critically positioned opportunity to intervene in alcohol-related issues and make referral to appropriate treatment services.
Denise Brady Mental Health Association in Texas	On page 4 and page 8 where we talked about the need in mental health and it talks about mental illness being the leading cause of disability in the United States, Canada, and Western Europe. On page 8 we talk about the numbers that are eligible versus the number that we're actually serving. I just wanted to make sure that those facts were kept high in your mind as this process goes through. I looked through the rest of the strategic plan and there's really no other area of health care where we are satisfied to be serving so very, very few of the people that we know are eligible and in need. I know we're not satisfied; I know none of us are satisfied. But I wanted to remind you as the LAR get developed and as this process goes through that that need is so great and we're serving so very few. I know I'm on the crisis services redesign work group, the group that is traveling around the State to look at the crisis

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	mental health system and as we're learning in that process we need more than just crisis services for people with mental health needs. We need the community-based system that would prevent them from going into crisis. So I know this isn't a LAR hearing, but I wanted to say that up front before the LAR even starts getting developed; that we have to look at that extreme need in the mental health system and that we have to look at the entire mental health system from the community centers to the prevention services not just funding more state hospital beds.
Leo Artalejo III	West Texas Regional Poison Center at Thomason Hospital's (WTRPC at Thomason Hospital) recommendations as to the TDSHS Strategic Plan. Ms. Murillo, thank you for including our WTRPC at Thomason Hospital in the statewide stakeholders teleconference held in February 2006 to provide input in the development of TDSHS's Strategic Plan. It is important to recognize that affordable and accessible healthcare begins with 24-hour regional poison centers. Regional poison centers and the Texas Poison Center Network are only second to immunizations in cost-effective public health programs and must be included in the TDSHS Strategic Plan. Ms. Murillo, please provide our center with the final section on the TDSHS Strategic Priorities that will be drafted upon consideration of comments received during the public comment period. Please do not hesitate to contact me should you require additional information.
David S. Erickson, PhD	Glaring omission: hepatitis C. Our estimate is that 1. Hep C is five times as prevalent as HIV in Texas with 387,000 cases. 2. More Texans have died each year since 1996 from Hep C than from HIV. (this is true across the USA) 3. Even among people with HIV, 30% have hep C. 4. The number one killer of people with HIV is now liver failure, much of which is caused by hepatitis C in conjunction with the liver toxicity of thier HIV medications. 5. The majority (61%) of people treated for hep C will now clear the virus - 48 weeks of standard therapy for most, not a lifetime of drugs like HIV pts. must have. Gary Heseltine, M.D. should be consulted before the plan is completed: 512-458-7676 gary.heseltine@dshs.state.tx.us

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Camille Miller President, Texas Health Institute	Regarding Guiding Principles: In addition to sound mind, sound body; prevention first and quality services when necessary; partnerships, suggest including a fourth principle with focus on the local nature of public health—all health care is local, and it doesn't matter until it affects me, my family, my community. All action takes place from a community of people getting together and doing things.
Chet Robbins	On page 25 of 123 I recommend you add Death Care Providers as part of the groups you discuss. Thank-you for the opportunity to respond.
Darrell (D.J.) Davis	Reviewed, no comments.
Denise Brady Director, Mental Health Association of Texas	Appreciated opportunity to highlight the ongoing need for mental health services and for coordination including crisis services in the system.
Shalonda Horton, Karen Robison DCFS	Plan should acknowledge the importance of family as caregivers for mental health.
Beverly Nichols, PsyD, RN The City of Houston Department of Health and Human Services.	**General Comments** • DSHS has faced many challenges in recent years as it has sought to restructure multiple agencies into one. From the perspective of local departments, DSHS has done an admirable job in meeting these challenges in a demanding and changing environment. At the same time, DSHS has maintained its function as a support and resource for local public health authorities. • There is no explanation of how DSHS identified strategic issues and set its goals. • The document describes well DSHS policies and services. How does DSHS propose to address the strategic issues identified? • Some of the goals are too broad. It is not always clear what the targeted outcomes are, nor the sequence of steps that will be used to achieve the outcomes. How do the goals relate to the strategies?

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	• Edit the document to improve its flow and readability. Some of the sections seem to have been clipped from other documents and not edited for consistency with the document as a whole. Some sections are superficial and others are too detailed. • The guiding principles are useful. Use them as organizing principle for text that addresses health issues. For each of the services described in the plan, describe how the service seeks to ensure that the guiding principles are put to use. • It is good that the plan organizes the discussion of health issues around disparities. o The population of Texas is described in terms of increasing numbers of older Texans and growth in the uninsured population. The plan should address changing ethnic demographics as well, such as the growth of the Hispanic population. **Specific Recommendations** <u>Page 2</u> • Change “Sound mind, Sound body” to “Sound mind, Sound body, sound environment." One's social and physical environments are also important factors in health. • Add new section: “Sound Science and Evidence-Based Decision Making.” The spending of public funds to address health concerns must be based on sound science. Public funds should only be spent on services that have clear evidence that they work. • Add a new section "Focus on Outcomes.” The plan frequently catalogs services. It rarely notes the outcome to be achieved. DSHS should strive to make a difference, not just provide services. <u>Page 3</u> • The immunization indicators listed do not parallel the indicators used by CDC. They should. <u>Page 7</u> • In the section *disparities in HIV Infection/AIDS*, "sharing needles via drug injection" is listed as a risk factor. Change the text to: "sharing needles” - the reason doesn't matter. <u>Page 9-10</u> • The plan discusses in general the role of local and regional public health systems. The plan fails to discuss the important role of large city and county health departments and how they integrate into the statewide

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	system. If one of DSHS's guiding principles is "partnerships," the plan fails to address the importance of partnership with the big city's health departments. Clarify how the statewide system will be developed. Will DSHS use programs, electronic systems, etc.? <u>Page 10</u> • The plan's emphasis on *Preparedness and Protection* is helpful. The specific bulleted issues provide an important overview. • The plan discusses the "Ability of the public health system . . . through regulatory services." Why just include "regulatory services" as an approach to address health concerns? The array of interventions available to health agencies is broader than regulation. <u>Page 11</u> • The plan mentions the "identification, promotion and dissemination of evidence based and promising interventions... " The plan should express the guiding principle that all services, not prescribed by law, provided by DSHS have some evidence that they work to achieve an outcome. <u>Page 12</u> • The section *Using Innovative Business Practices and Technologies* is useful. The impact of technology investments on critical health service functions defines specific opportunities for the future. <u>Page 13</u> • One of DSHS' guiding principles is "partnerships." DSHS should look beyond the state as she sole repository and provider of certain information services. The plan should consider using partnerships to address systems such as vital records and disease registries. DSHS should consider partnering with large cities and counties to develop robust local disease registries and vital records systems that feed into the statewide system. • DSHS role in preparedness planning includes some statewide planning for statewide responsibilities. DSHS should also see itself as coordinating and supporting the planning at the local level. Responding to disasters will be local--planning needs to be local. DSHS should work to maximize the ability of local public health to achieve preparedness to respond to disasters.

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	Page 14 • Paragraph 3, describing the DSHS Texas Critical Incident Stress Management (CISM) Network for emergency response is important support for preparedness responses. • Abstinence Education does not meet the evidence-based criteria. It may be a supplemental service to other pregnancy prevention and STD prevention, but not a substitute. Both abstinence and safe-sex should be taught/promoted. Abstinence-only education has not been shown scientifically to be effective and may even lead to more risky behaviors such as anal sex. Therefore, the goals of reducing HIV/STD teen pregnancy rates will not be met. We recommend you implement evidence-based programs, which are based on the particular population targeted. Page 15 • The section on *Health Promotion and Disease Prevention* does not list surveillance of immunization rates. Failing to track immunization rates may resu1t in the rates declining. The plan should include surveillance of immunization rates as a part of the service description. • The plan states "persons at high-risk for HIV" are to be provided with education and assisted in establishing realistic and personalized risk reduction plans. The plans should assume that teens need the same approach in prevention of pregnancy. The plan is not clear in how teens at high-risk for HIV will be provided risk-reduction services. • Abstinence-only education will not be a usefu1 service for sexually active individuals. Abstinence-only educations will fail to provide the education to practice safe sex for those who do not practice Abstinence. Page 17 • DSHS should support the **prevention** of end stage renal disease. The plan on1y addresses the provision of dialysis services. A prevention program is described in the April 2006 issue of *Preventing Chronic Diseases.* Page 18 • The *Laboratory Suppor*t *s*ection is good. The provision of diagnostic, reference and surveillance testing is important. • Be more specific in defining the gap and what DSHS plans to do in the section on *Regional and Local Public Health Services and systems.*

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	Page 19 • The plan does a good job of noting how DSHS will continue to provide training to first responders on critical incident stress management, emergency response plan development, and mass casualty exercise design. Page 20-21 • Clarify how DSHS plans to address the issue of rising costs, more patients and increasing life spans regarding HIV/ADS medications. Page 25 • The section on *Child/Adolescent Health* does not include facilitating enrollment in CHIP as a prevention strategy. Low-income children not enrolled in CHIP will not have insurance coverage or a medical home. The plan should support CHIP enrollment. Page 29 • The mental health section clearly states that only evidence-based interventions will be used. The evidence-based criteria should he used to address pregnancy and STD prevention services. • The criminal justice system is a major provider of services to the mentally ill. DSHS should seek to partner with the criminal justice system. Page 34 • The decision to start teen pregnancy prevention efforts at the younger ages of 13-17 is important, as is including the males. The plan should do more to address teen pregnancy. DSHS should develop innovative evidence-based methods to reach teens. Page 38 • The sentence under *Goat* 3: *Hospital Services*, "DSHS will promote the recovery and *abilities* of persons with infectious disease" is not c1ear. The plan should clarify what “abilities” means in this context.

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	Page 40 • In the *South Texas Healthcare Systems* section, the service description discusses TB and complicating illnesses. The next paragraph describes a range of services not related to TB. Either adjusts the description to match the services or the services to match the description. • In the fourth paragraph, correct the spelling of immunohematology. Page 43-47 • Goal 4 does not have as much information presented as the other goals, nor new initiatives. It appears that environmental issues are not considered as important. Initiatives are needed that involve new and/or improved or updated regulations and guidelines to protect citizens from environmental hazards based on risk. We would like to include educating citizens on the hazards of secondhand smoke or regulating secondhand smoke, or expanding or updating the indoor air quality guidelines for air quality guidelines for all buildings. Since EPA ranks Indoor quality as the highest environment risk, even above outdoor air pollution and hazardous waste, it would seem appropriate to address this in an initiative. The concern is that new, improved or updated regulations and guidelines will not be developed if there are not initiatives to do so. We are aware that the challenge is how to fund these initiatives. Perhaps the indoor air quality guidelines could be updated without any additional cost. • The RAS seemed to be very good. • Environmental regulation and surveillance is listed as an afterthought on page 45**.** Water and outdoor air quality are not mentioned. The plan should include stronger emphasis on environmental regulation and control including water and ambient air quality. Without strong support from DSHS, environmental quality can degrade even more. Section to be Added • The plan does not address violence issues, particularly domestic violence and handgun violence. Domestic violence is responsible for high morbidity and mortality. Prevention programs are necessary to reduce these. The plan should address domestic and violence prevention.